

**WASHINGTON METROPOLITAN
AREA TRANSIT COMMISSION**

1828 L Street, NW, Suite 703
Washington, DC 20036-5104
(202) 331-1671

**APPLICATION TO OBTAIN, TRANSFER, OR AMEND
IRREGULAR ROUTE AUTHORITY**

USE THIS FORM to obtain, transfer, or amend authority to transport passengers for hire in motor vehicles over irregular routes between points in the Washington Metropolitan Area Transit District (Metropolitan District). A transfer of authority includes a merger, acquisition or other transfer of control over a carrier or a carrier's assets or operations.

THE METROPOLITAN DISTRICT consists of the following:

- * The District of Columbia;
- * Alexandria, Falls Church, Arlington County, and Fairfax County, Virginia, and the political subdivisions located therein;
- * Montgomery County and Prince George's County, Maryland, and the political subdivisions located therein;
- * Washington Dulles International Airport; and
- * All other cities now or hereafter existing in Maryland or Virginia within the borders of the foregoing cities, counties, and airport.

DO NOT USE THIS FORM to make a simple name change or to add a seating capacity restriction to an existing certificate or to obtain authority for passenger transportation solely in Virginia.

INSTRUCTIONS

1. Check type of application(s) below.
2. Part I -- Read and complete.
3. Part II -- Include Attachment A and if necessary, Attachment B.
4. Part III -- Read and sign Verification
5. File the original.
6. Pay filing fee(s). See below.

Note: The Commission will return half the filing fee if the application is not accepted for filing. Application filing fees are in addition to any publication cost and costs associated with a hearing if one becomes necessary.

For Commission Use Only

Case No. AP - _____ - _____
Date Filed: _____

TYPE OF APPLICATION (Check as Appropriate)		Filing Fee
<input type="checkbox"/> Obtain Certificate of Authority – also check either “Unrestricted” or “Restricted” below		\$250.00
<input type="checkbox"/> Unrestricted – Operate any size vehicle (\$5 million insurance)		
<input type="checkbox"/> Restricted – Operate only vehicles seating 15 persons or less (\$1.5 million insurance)		
<input type="checkbox"/> Transfer Certificate		\$250.00
<input type="checkbox"/> Transfer Control		\$250.00
<input type="checkbox"/> Remove Seating Capacity Restriction		\$250.00
<input type="checkbox"/> Obtain Temporary Authority		\$125.00
<input type="checkbox"/> Obtain Temporary Approval of Transfer of Control		\$125.00
Total Paid		\$ _____

PART I

Applicant Information

**Form
of
Business**

» Check the box that describes applicant's form of business.

☐

Corporation

☐

LLC, LLP or LP

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☐

Other

☐

Partnership

☐

Sole Proprietor

**Name
and
Address**

» Applicant's complete legal name, street address, and phone MUST be completed. (*)
 » Provide trade name, mailing address, fax number, email and other phone if appropriate.
 » For transfer applications, the applicant is the one to whom authority is being transferred.
 » **IF** applicant has a trade name, **include attachment B** (see Part II) with this application.

Legal Name *			
Trade Name			
Street Address *	Street	City	State
	Zip		
Mailing Address	Mail Address	City	State
	Zip		
Phone Number *		Email	
Fax Number		Other Phone	

Contact

» Applicants other than sole proprietors MUST designate a representative to receive filings, inquiries and correspondence regarding this application.
 » Sole proprietors may, but need not, designate a representative.

Name	Mr. / Mrs. / Ms.	First	Middle	Last
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Title				
Mailing Address	Mail Address	City	State	Zip
Phone Number		Email		
Fax Number		Other Phone		

Agent

» **IF** applicant's place of business is **outside** the Metropolitan District, an agent must be designated **inside** the Metropolitan District to accept service on behalf of applicant.
 » See page one for description of Metropolitan District.

Name	Mr. / Mrs. / Ms.	First	Middle	Last
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Street Address	Street	City	State	Zip
Mailing Address	Mail Address	City	State	Zip
Phone Number		Email		
Fax Number		Other Phone		

Common Control

» Check one or more box to indicate whether applicant has a control relationship with one or more WMATC carriers and, if so, the nature of the relationship(s).

- ☐ Applicant controls a carrier ☐ Applicant is in common control with a carrier
☐ Applicant is controlled by a carrier ☐ Applicant has no carrier control relationship

Other Authority

» Check one or more box to indicate whether applicant currently has authority from a federal and/or state agency for the purpose of transporting passengers for hire.

- ☐ Federal authority ☐ No other authority
☐ State authority

Fitness Findings

» Check one or more box to indicate whether any transportation regulatory agency has investigated applicant and/or found applicant unfit within the past five years.

- ☐ Investigated ☐ Not investigated and not found unfit
☐ Investigated and found unfit

Bankruptcy

» Check one box to indicate whether applicant is currently in bankruptcy.

- ☐ Yes -- Chapter 7 ☐ Yes -- Chapter 13
☐ Yes -- Chapter 11 ☐ Not in bankruptcy

Vehicles

» Check one or more box to indicate the type(s) of vehicle(s) applicant plans to use to provide for-hire passenger transportation.

» For each type of vehicle checked, please provide a count of the vehicle(s) applicant plans to begin operations with.

» For each type of vehicle checked, indicate the maximum seating capacity, including the driver.

Type of Vehicles:	Sedan	Limousine	SUV	Van	Minibus	Motorcoach	Other Type of Bus
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Vehicles:	_____	_____	_____	_____	_____	_____	_____
Seating Capacity:	_____	_____	_____	_____	_____	_____	_____

Service and Rates

» Check one or more box to indicate the type(s) of transportation service and rates applicant proposes to charge.

- | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Charter | Sightseeing | Other Mileage or Hourly | Airport Shuttle | Medicaid | Private-Pay Ambulatory & or Wheelchair | Government Contract | Private Contract |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART II
Attachments A and B

Attachments

Attachment A: All Applicants MUST provide an Attachment A.
Sole Proprietors: » » » » » **Attach a copy of proprietor's driver's license.**
General Partnerships: » » » **Attach a copy of the partnership agreement.**
Corporations, LLCs, » » » » **Attach a Certificate of Good Standing from the state**
LLPs, and LPs: **were applicant was formed.**

Attachment B: An applicant with a trade name must attach proof of trade name registration from the jurisdiction where applicant's principal place of business is located.
DC » » Department of Consumer and Regulatory Affairs
MD » » Department of Assessments and Taxation
VA » » Circuit Court in the county or city where applicant's principal place of business is located

PART III
Applicant's Verification

Signature

» Applicant's verification applies to all information submitted in support of this application, including supplemental filings made after this initial submission.

- » An application by a sole proprietor must be signed by the sole proprietor.
- » An application by a corporation, LLC or similar entity must be signed by an officer.
- » An application by a partnership must be signed by a general partner.

I, (print name of signer) _____, verify under penalty of perjury, under the laws of the United States of America, that I am qualified to make this application and that all information submitted in support of this application is true and correct to the best of my knowledge and belief.

I further verify that:

1. Applicant owns or leases, or has the means to acquire through ownership or lease, one or more motor vehicle(s) that meets the Commission's safety requirements and is suitable for the transportation proposed in this application.
2. Applicant has, or has the means to acquire, a motor vehicle liability insurance policy that provides the minimum amount of coverage required by Commission Regulation No. 58-03.
3. Applicant has access to, is familiar with and will comply with the Compact, the Commission's rules, regulations and orders, and Federal Motor Carrier Safety Regulations as they pertain to transportation of passengers for hire.

Date

Signature

Title